

Collaboration Provides a “Vision” for Recovery



L to R: Rojelio Riojas, Executive Director, SeaMar
Chuck Benjamin, Executive Director, North Sound RSN
David Jefferson, Program Director, SeaMar Visions
Ward Nelson, Whatcom County Council
Stephen Bogan, DASA

*By David Jefferson, Director, and Andrea Harding, Clinical Supervisor,
SeaMar Visions Adolescent Treatment Program*

If you want to know how important it is to have a recovery house for female youth that specializes in co-occurring disorders, listen to what one resident said about a new program at SeaMar Visions in Bellingham: “The recovery house has given me a window into myself, my future, and put me on a structured and healthy path of success and recovery.”

The idea for a recovery house for adolescent girls with co-occurring disorders came from many different directions. One direction has been the training and studies of co-occurring disorders we have assimilated in the last decade that indicate that these substance abuse and mental health conditions are best treated simultaneously.

We must take a holistic approach and be willing to grapple with the complexities and frustrations just like our clients have been doing for years. Responding to these complexities is also political because the two funding streams of substance abuse and mental health have not often been successfully joined. Clients who fall within

the two systems either miss the “safety net” and continue to deteriorate, or end up in psychiatric hospitals or the juvenile justice system. If they are fortunate, they are placed in one of the few facilities in the state like Sea Mar/Visions. Following extended intensive inpatient care, which designed to meet their needs, comes the critical question: “what do we do next with this precious human being?”

The staff of SeaMar/Visions have been struggling with this frustration and have been stymied by the limited placement possibilities for such a unique population of young women. During staff meetings the team agonized over where to send a youth who was on medication, addressing mental health issues and struggling with recovery. Through a series of disappointing results in the last two years we realized that many of our patients were not equipped for the relative freedom they ex-

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Washington State Resources

DASA: <http://www.app2.wa.gov/dshs/dasa>

Chemical Dependency Professionals:
<http://www.cdpcertification.org/default.asp>

Alcohol/Drug 24-Hour Helpline:
1-800-562-1240
www.adhl.org

Alcohol/Drug Prevention Clearinghouse:
1-800-662-9111
www.adhl.org/clearinghouse

Media Literacy:
www.teenhealthandthemedianet

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From the Director Methamphetamine

By Ken Stark

The purpose of this article is to continue the dialogue about best practices and to address the issue of methamphetamine use and abuse in Washington State. Numerous myths, confusion, and resulting stigmatization have accompanied the increase of methamphetamine addiction in Washington State.

Extent of the Problem in Washington State

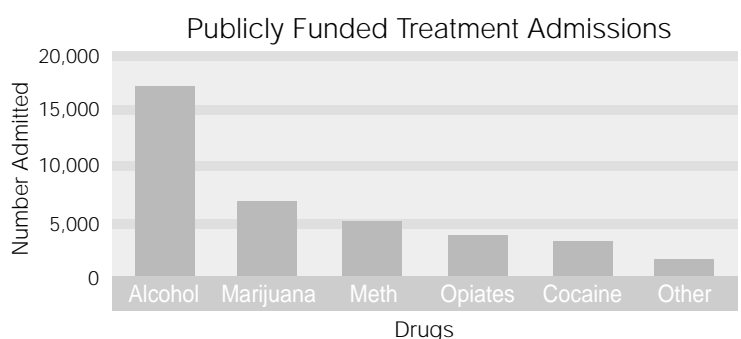
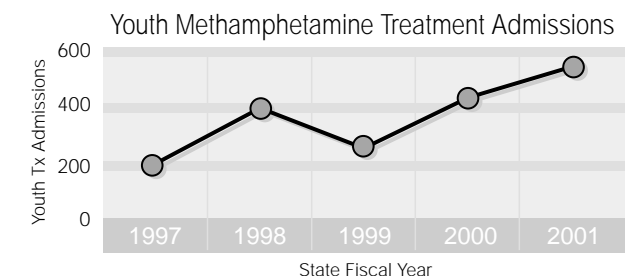
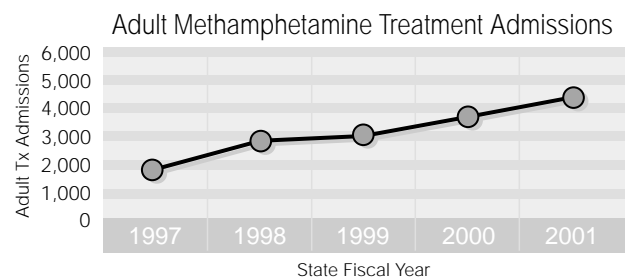
Treatment Admissions

Between 1994 and 2000, admissions for amphetamine/methamphetamine addiction have increased 600%. While all 39 counties have seen at least a doubling of methamphetamine treatment admissions over the past seven years, many counties have experienced a 10-fold or greater increase. The following graph shows the increase for publicly-funded treatment admissions – from 214 to 538 for youth and 1,853 to 4,308 for adults in the time period 1997 to 2001.

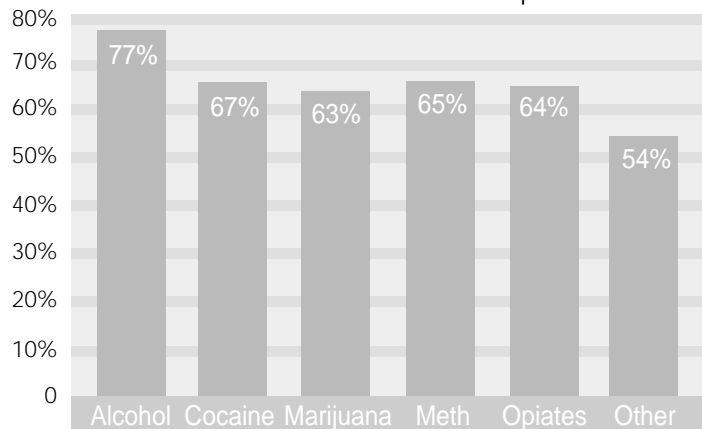
In State Fiscal Year 2001, 46% of publicly-funded treatment admissions for youth and adults were for alcohol. Marijuana comprised 20% of these admissions, followed by methamphetamine (13.6%), opiates (10%), cocaine (8%), and other drugs (2%). Methamphetamine, while on the increase, comprises only 14% of publicly funded treatment admissions.

Methamphetamine Treatment: Myths and Facts

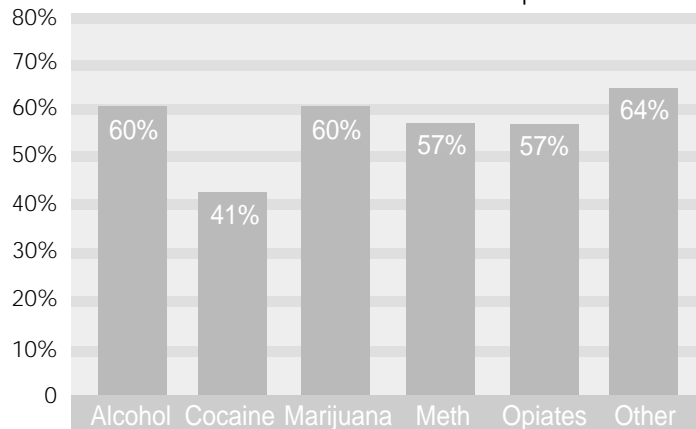
Many myths and fears regarding the addictiveness of methamphetamine and lack of treatment effectiveness with this population are spreading. In Washington State 4,846 youth and adults



Adult Residential Treatment Completion Rates



Youth Residential Treatment Completion Rates



Treatment Completion Rates and Number Discharged from Treatment

	Alcohol	Cocaine	Marijuana	Meth	Opiates	Other Drugs	Other Stimulants
Adults	77% (3,869)	67% (1,183)	62.5% (967)	65% (1,870)	64% (926)	54% (68)	66% (38)
Youth	60% (203)	41% (41)	60% (788)	57% (189)	57% (28)	64% (55)	51% (76)

with primary amphetamine/methamphetamine addiction were admitted to publicly-funded treatment in State Fiscal Year 2001. There is little research to indicate that treatment outcomes are different for clients addicted to methamphetamine compared with clients addicted to opiates, cocaine, alcohol or other drugs. Once the client with methamphetamine addiction has been detoxified (and not in danger of drug induced psychosis), most treatment providers report these clients are as amenable to treatment as other clients.

Ideas and approaches in addiction treatment seem to recur in cycles. What history tells us is that the early reports of such breakthroughs in the understanding and treatment of addiction are notoriously unreliable and should be treated with great caution and skepticism. Thus, it is essential that we base treatment on known best practice.

Residential Treatment

Myth: Clients addicted to Methamphetamine do not complete treatment

Fact: Analyses of DASA Client data have demonstrated that methamphetamine treatment completion rates are not very different than those for other illicit drugs. To illustrate, an analysis of residential treatment completion data for State Fiscal Year 2001 showed that 57% of youth and 65% of adults (admitted for methamphetamine addiction) complete chemical dependency treatment. Youth residential treatment completion rates for clients admitted for marijuana and alcohol were 60%, 67% for

opiates, and 41% for cocaine. Adult treatment completion rates for clients admitted for alcohol addiction was 77%, marijuana was 63%, cocaine was 67%, and opiates was 64%.

A research project conducted under the auspices of the Center for Substance Abuse Treatment – Methamphetamine Treatment Project – found that among clients admitted to publicly funded outpatient chemical dependency treatment, the treatment completion rate was similar for users of other drugs throughout the state of California. In this study, it was determined that predictors of treatment completion included: being female, being 40 years or older, having less severe drug patterns (used less than daily or did not inject), or being coerced treatment.

Next Steps

Without minimizing the impacts of methamphetamine, we need to understand that many of the same issues – detoxification, medical consequences, child abuse and neglect – to name a few, are also present when other drugs, including alcohol, are involved. The Division of Alcohol and Substance Abuse is committed to providing treatment for individuals with addiction through effective treatment that is based on proven best practices. Over the next year, the Division will be providing assistance to the field to address the many concerns that methamphetamine has raised.

For more information about this report, contact Ellen Silverman in the Office of Planning, Policy & Legislative Relations at silvees@dshs.wa.gov or (360) 407-1115. 🐾

Collaboration Provides a Vision continued from cover

perience when returned to the community. Given the extent of the chemical dependency and mental health disorders that this high-risk population has experienced, they need an intensive, supportive, and safe environment to achieve success. So the idea was born to develop a co-occurring recovery house that would serve this population's needs.

Having this great idea and making it happen were two very different things. The Division of Alcohol and Substance Abuse (DASA) had already identified the co-occurring recovery house as a need and were willing to assist with funding. Our goal was to also obtain the mental health funding needed to pursue our goal. The start of the work consisted of investigating the North Sound Regional Support Network (NSRSN) and gaining an understanding of how they operate. After sitting in meetings, presenting information to key informants, and establishing a working relationship, an opportunity came in the form of a competitive process for funding this type of facility. SeaMar / Visions was successful in this process, and received funding for the project. While we sometimes only see the bureaucracy of government systems like mental health and substance abuse, the people from NSRSN and DASA have the same interest as us, "to serve those in need." It has been a warm and rewarding relationship with both agencies.

Since finding facilities for adolescent treatment is very difficult, SeaMar had the advantage of having space in our current facility for the Recovery House. However, the enormous task of cleaning out this very old section of our building that had been used for storage for several years needed to be tackled. David Jefferson, Program Director, acted as "general contractor" and began to bring people from the local community in to begin the renovation project.

The results are amazing. This wing of our building has the capacity for up to eight female youth and resembles apartment living. Everything is new which offers the youth a very pleasant environment for their recovery. It has been said that, "it looks so nice it might make a few of the clients feel out of place."

Fortunately the staff have done a wonderful job of making people feel welcome in their new place of living, and these youth certainly deserve to be served in a comfortable setting.

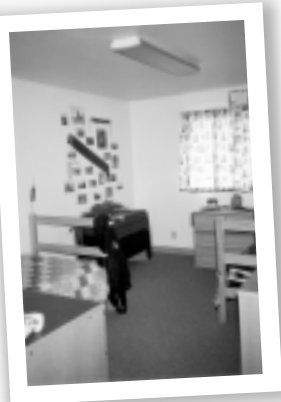
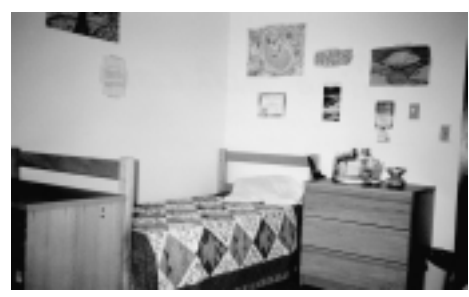
The staff of SeaMar / Visions are adept at providing co-occurring treatment for adolescent females and we had the advantage of making use of this knowledge to provide the highest quality of care at the Recovery House. The Recovery House provides treatment aimed at integrating clients back into the community. The program focuses on building skills that will increase the young person's success at recovery and life, and help to reduce un-

necessary psychiatric hospitalizations and juvenile justice recidivism. A substantial benefit of this facility is the amount of money saved by providing superior co-occurring treatment at a relatively low cost. The program has a high level of security similar to the Visions inpatient program. Patients are monitored constantly during the waking hours and every 15 minutes overnight. A "point and

privilege" system is aimed at increasing the youth's accountability and responsibility and giving the youth benchmarks to measure their progress. The youth moves up in privileges when they are ready to be in the community unsupervised. Youth receive mental health, chemical dependency, medical, and academic services while they are enrolled in the program along with intensive case-management.

The most exciting part of this Co-Occurring Recovery House is the collaboration of NSRSN and DASA with SeaMar in contributing to the funding to make this happen. At the official ribbon-cutting opening of the program on August 29, 2001, Chuck Benjamin from NSRSN, Ward Nelson from the Whatcom County Council, Stephen Bogan from DASA, and Rojelio Riojas from SeaMar stood together as a testament to

this remarkable collaboration. We are able now to provide a critical level of treatment and improve the rates of success for this population. Congratulations to DASA and NSRSN for your insight, support, and encouragement. This facility would not exist without you!



Seattle Sounders and DASA Assist Youth in Scoring Goals

By Harvey Funai,
Regional Administrator



Soccer has become one of the fastest growing and most popular sports for youth in the United States. The Seattle Sounders and Ken Stark, Director of the State Division of Alcohol and Substance Abuse, saw this as an opportunity for allowing inner-city youth to become involved in athletics and to become partners in helping youth score goals this biennium. Together, they are sponsoring The Sounders for Kids Program, an alcohol, tobacco, and other drug (ATOD) prevention program focusing on youth between the ages of 11 and 12 residing in the White Center community in the greater Seattle area.

The Sounders for Kids Program is dedicated to teaching youth soccer skills and, most importantly, the assets needed to achieve and strive in today's society. The program not only offers youth instruction and guidance in basic soccer skills, but also provides them with invaluable life skills. The sessions address issues such as the risks of ATOD use, the importance of a sound educa-

tion, health and fitness, team play, and civic and community service.

This program was designed as a way for the Seattle Sounders to give back to the community. Professional players and quality instructors use their skills as athletes and responsible citizens to be role models for the youth and their communities. The program will field two recreational soccer teams that will compete in an organized league. In addition, the Sounders have provided the youth with uniforms, gear, a practice facility, transportation, and access to Seattle Sounder games.

One of the long-term goals of the Seattle Sounders organization is to develop statewide inner-city soccer teams within the state of Washington. The implementation of the Sounders for Kids program was the first step in achieving this goal.

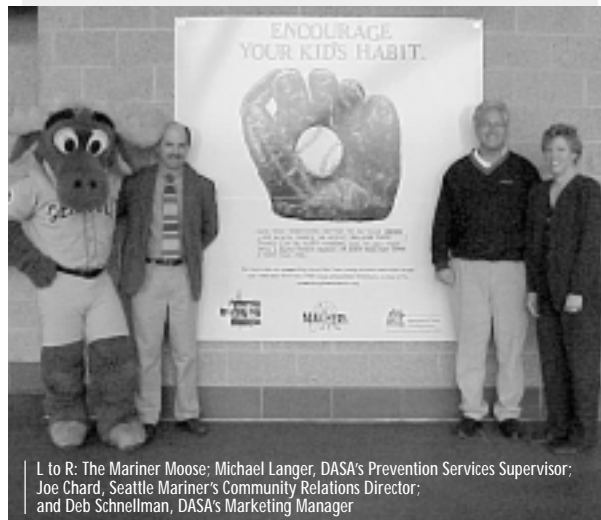
For further information, contact Brad Kimura, General Manager, Seattle Sounders at (206) 622-3415; or Harvey Funai, DASA Contract Manager, at (206) 272-2156.



Seattle Mariners Become Partners in Prevention

DASA has added the Seattle Mariners to their list of prevention corporate partners. In September a 6' x 5' sign was placed in the family section of SAFECO Field where the Mariners play. The sign features a 4-color execution of the Partnership for a Drug Free Washington's (PDFW) "Encourage Your Kid's Habit - Baseball Glove", which reminds parents "Kids need something better to do than drugs. So get them into a good habit. Or they may get into a very bad one." The sign features the logos of the Seattle Mariners, the Department of Social and Health Services-DASA, and Partnership for a Drug Free Washington, the state alliance program with Partnership for a Drug Free America (PDFA). The sign also includes PDFA's web address, and the website and phone number for the Washington Alcohol/Drug Clearinghouse, so parents can get more information on how to keep their children drug-free.

An estimated 3.5 million people attended a game at SAFECO Field during the 2001 season. The Mariners have committed to keeping the sign in place at least until the end of the 2002 baseball season. For more information contact: Deb Schnellman at (360) 438-8799 or schneda@dshs.wa.gov.



L to R: The Mariner Moose; Michael Langer, DASA's Prevention Services Supervisor; Joe Chard, Seattle Mariner's Community Relations Director; and Deb Schnellman, DASA's Marketing Manager

Good News Story: Vancouver Northwest Deaf Addiction Center

"I just had to share the wonderful experience I have had the last couple of days with two deaf women who were in the NWDAC for treatment. Both of these women had come to the Tacoma AA meeting a few months ago. Very wet, very frightened, unable to grasp recovery and unable to stay sober for any length of time.

In the last two days, I have been with both of these women,

and the work at the NWDAC can be nothing less than a miracle. These women came to me bright-eyed, healthy, with understanding of recovery principles that will help them stay sober....I stand in awe of the work your center is doing and look forward to working with more of your patients when they are ready to come out."

Email to Jackie Hyman, Director of the NWDAC, by an AA sponsor

CAC Seeks New Members

By Ron Murphy, Citizen Advisory Council Member

The Division of Alcohol and Substance Abuse's (DASA), Citizens Advisory Council (CAC) on Alcoholism and Drug Addiction is comprised of community volunteers who are interested in advocacy, making recommendations, and advising DASA on its various policies, programs, and services. We are interested in ensuring that Washington State residents have available to them alcohol and other drug treatment programs which support their needs. In addition, the CAC is a proactive supporter of substance abuse prevention activities around the state.

Although the committee is currently comprised of various individuals such as: an attorney, accountant, city council member, social worker, retirees, and other interested citizens, we are always in need of more participation by citizens of this state. Revised Code of Washington (RCW) 70.96A.070 requires at least two-thirds of the Council's members to be former recipients of voluntary or involuntary treatment for alcoholism or other drug addiction and to have been in recovery from chemical dependency for a minimum of two years and not employed in an occupation relating to alcoholism or drug addiction.

The council would like to add to its membership individuals of the medical profession, the business profession, educators, and students. In addition, the Council would like to see additional members representing Regions one, five, and six. If you are interested in becoming a member of this very active and dynamic council, please provide a cover letter along with your resume to: Tom Kuebler, CAC Member, c/o DASA, Post Office Box 45330, Olympia, Washington 98504-5330. If you have any additional questions about the CAC, please contact Doug Allen, DASA (360) 438-8060 or toll-free at (877) 301-4557.

Meetings occur approximately six to seven times per year with at least one meeting in each region of the state. We encourage citizens to attend the open meetings. For a list of upcoming meetings or to request a copy of the CAC brochure, contact Keri Patzer, DASA toll-free at (877) 301-4557 or e-mail at patzekr@dshs.wa.gov.

Shoni Davis and Dee Wilson are highly respected professionals in their fields. The two accompanying articles by Shoni and Dee speak to the importance of coordination between chemical dependency and child protective services when staff are working with drug affected parents. Active coordination and information sharing between the disciplines is critical because the consequences for women and their children, including termination of parental rights, are so serious.

CD Counselors and CPS Social Workers: Partners in Preventing Harm to Children

By Dee Wilson, DCFS Regional 6 Administrator

Child Protective Services (CPS) Social Workers are responsible for assessing the risk to children of harm resulting from child abuse and neglect (CA/N). CPS staff frequently encounter parents with apparent or alleged substance abuse problems, and refer these parents to Chemical Dependency (CD) Specialists for assessments. Once a referral to a CD Specialist has been made, CPS Social Workers are dependent on the CD Specialist to either confirm or disconfirm allegations or suspicions of parental substance abuse, as well as to understand the impacts of substance abuse (if present) on a parent's functioning.

In order to formulate case plans for the protection of children, CPS staff must make judgments regarding the effects of substance use/abuse on parent's ability to care for their children. To this end, CPS Social Workers will be interested in the CD Specialist's assessment of the history, severity and pattern of a parent's substance abuse problem. CPS staff will want to know the effects of substance abuse on a parent's physical health and on their emotional and intellectual functioning. They will also be curious about the influence of substance abuse on the ability to work, and to maintain positive relationships with intimate partners, extended family members and friends.

Once a CPS Social Worker understands the effects of substance abuse on a parent's physical well being and on emotional and intellectual functioning, the social worker is then in a position to make

well informed judgments on parenting ability, even if the CD Specialist does not explicitly address this issue in the substance abuse assessment. In addition, social workers will welcome any additional information a CD Specialist can provide regarding the already apparent effects of substance abuse on parenting abilities. However, a CD Specialist does not have to directly address the effects of substance abuse on parenting to provide social workers with valuable information and understanding of a parent's substance abuse problems.

Finally, CPS Social Workers will be extremely interested in a parent's recognition or denial of their substance abuse issues, and the parent's readiness to seriously engage in treatment efforts.

Substance abuse is the main presenting problem of parents referred to CPS in Washington State. Given this reality, CPS Social Workers must have access to timely, skilled and candid substance abuse assessments in order to make well-informed decisions on behalf of abused and neglected children. CPS Social Workers' confidence in the accuracy of substance abuse assessments increases when the CD Specialist uses collateral sources of information, in addition to parental self-reports, and when CD Specialists demonstrate a willingness to confront denial of substance abuse problems with factual information obtained from social workers or other collateral sources.

Given this reality, CPS Social Workers must have access to timely, skilled and candid substance abuse assessments in order to make well-informed decisions on behalf of abused and neglected children.

Treating Pregnant And Parenting Women: Guidelines for Helping Mothers and Children

By Shoni Davis, Executive Director, Prenatal Treatment Services

Pregnant and Parenting Women's (PPW) Programs are long-term residential treatment programs developed and certified by the Division of Alcohol and Substance Abuse specifically to serve low-income, pregnant and parenting, chemically dependent women and their children. Because the focus in PPW programs is the mother/child dyad and parenting issues, as much as chemical dependency issues, it is important that mothers be eligible to bring their child/children with them into treatment so that both mother and child can receive maximum program benefits.

As high as 75% of all women who enter PPW programs have cases open with the Division of Children and Family Services (DCFS). Often the mother's primary motivation for entering treatment is to regain her parental rights. For this reason, it is necessary that chemical dependency professionals and DCFS social workers coordinate services in order to direct the most beneficial outcome for both the mother and child.

The DCFS social worker requires that the mother be stabilized in treatment before

having her child placed with her. It is critical for the DCFS social worker to quickly and accurately inform the mother and the treatment team about the plan to place the child in treatment. When a mother is given erroneous or uncertain information regarding her child's reunification, she is more likely to either abort treatment due to feelings of frustration and despair or develop a defensive, distrustful attitude.

Receiving a written plan from the DCFS social worker to place a child into treatment at a specific time is necessary to both insure that a space will be available for the child, and so the treatment team can adjust the mother's treatment plan to best address her parenting issues.

Pregnant and parenting women who have been diagnosed as needing PPW program services will typically require long-term residential treatment. The long-term treatment stay offers a better opportunity to insure a healthier and more effective mother/child relationship. It is helpful that the DCFS social worker clearly inform the mother at the time of referral

that PPW programs are long-term in nature, and not imply something different as a ploy to encourage her to enter treatment. This often results in women who abort treatment early when informed by the treatment team that, based on her diagnostic information, she will require a longer treatment stay.

When DCFS social workers and the courts reinforce the diagnostic findings and treatment recommendations of a PPW program, it increases the chance of retaining women in treatment and having a more positive treatment outcome. In addition, it is important that women entering PPW programs be reunited with their child/children as soon as possible so that both mother and child can gain the greatest benefit from PPW services. Children who reside with their mothers in PPW treatment programs receive as many services and treatment benefits as do their mothers. The longer the mother and child are in treatment together, the better the opportunity for both to learn new routines and effective parent/child interactions in a structured environment while the mother is drug free. Chil-

dren of chemically dependent mothers often have to work through feelings of anger and fear of abandonment. PPW programs provide a therapeutic setting in which to assist both the child and mother to traverse these issues.

Children receive medical screenings (Early Periodic Screening and Diagnostic Testing, or EPSDT), developmental screenings, and mental health services. Children's special needs are identified and addressed by the children's program staff and all necessary "wrap-around" services are established for the child during his/her stay at the PPW program. Comprehensive discharge planning is conducted for each mother and child to insure that necessary resources are in place for both upon treatment completion.

In summary, only pregnant women or women who are eligible to reunite with their children while in treatment should be referred for PPW treatment. Because PPW programs focus their treatment model on the mother and child together, women without their children in treatment often feel alienated and isolated. A woman assessed by the CPS team as not being a strong candidate to reunite with her children are best referred to programs for single women.



The longer the mother and child are in treatment together, the better the opportunity for both to learn new routines and effective parent/child interactions in a structured environment while the mother is drug free.



National Recognition for King County Domestic Violence Outreach Project

By Karen Foley and Patricia Bland

Recently, recovering battered women receiving services from the Alcohol/Drug Help Line Domestic Violence Outreach Project, along with Eastside Domestic Violence Program and New Beginnings for Battered Women and Their Children, made a quilt to raise awareness about domestic violence. Their quilt was cho-

sen as the image for the cover of a new music CD entitled *This House*.

This House is a compilation CD produced by York Leewood Entertainment of San Diego, with all proceeds benefiting The Nicole Brown Charitable Foundation. The CD liner notes acknowledge the Alcohol/Drug 24-Hour Help Line Do-


mestic Violence Outreach Project for their outstanding work in helping women achieve both safety and sobriety, and for providing the quilt used on the cover of this CD.

The Alcohol/Drug 24-Hour Help Line Domestic Violence Outreach Project provides outreach and services for battered women affected by their own or another's substance abuse in King County. Services include access to crisis line services, individual advocacy, educational groups, screening, intervention and referral. The Project also provides consultation, training and education to domestic violence victim service providers in Washington State.

While there is no known causal link between chemical dependency and domestic violence, they are often found in tandem. When they co-occur, studies indicate both severity of injuries and lethality rates increase significantly. Between 60 and 96% of women in treatment for

chemical dependency experience either current or prior physical or sexual abuse.

To order the *This House* CD, contact The Nicole Brown Charitable Foundation, PO Box 3777, Dana Point, CA 92629, or online: www.nbcf.org/music.asp.

For more information about Washington State programs for women seeking safety and sobriety call the Alcohol/Drug 24-Hour Help Line Domestic Violence Outreach Project at (206) 722-3700 or email dv@adhl.org. 

New RA For Region 2

DASA welcomes Ms. Ella Hanks as our new Regional Administrator for Region 2. Ella comes with many years of experience in the CD field and is known and respected by her colleagues in Eastern Washington. She was most recently the VOTE Program Coordinator for Yakima Valley Community College in Yakima. Ella will work out of the Yakima office and can be reached at (509) 225-6196 or hanksem@dshs.wa.gov. 



Learning Disabilities, ADHD and Substance Abuse

By Harvey Funai, DASA Regional Administrator


The collaborative efforts of the Learning Disabilities Association of Washington, Eastside Recovery Center, Washington Cathedral, King County District Court - Northeast Division, and DASA has resulted in funding from the Center for Substance Abuse Treatment for enhanced services to chemically dependent individuals who have a learning disability/Attention Deficit Hyperactivity Disorder (LD/ADHD). The project began in September 2001.

Fifteen percent of the U.S. population, or 39 million Americans, have some form of LD/ADHD. Over the last 10 years, researchers nationally have been exploring the relationship between LD/ADHD and substance abuse.

The incidence of LD/ADHD among adult drug and alcohol treatment patients has been estimated as high as 60 percent compared to a rate of 10-15 percent among the general population. Despite the prevalence of substance abuse among people with LD/ADHD, these individuals are less likely to enter or complete treatment because of attitudinal or communication barriers that often limit their treatment options or else render their treatment experiences unsatisfactory.

Together, Learning Disabilities Association of Washington and Eastside Recovery Center will develop a substance abuse treatment protocol that responds to the needs of adults with LD/ADHD. This protocol will:

- Improve recognition and understanding of LD/ADHD symptoms and their impact in the treatment of chemical dependencies.
- Increase the client's ability to successfully complete a chemical dependency treatment program.
- Demonstrate that integrated treatment protocols are more successful in treating substance abusers with LD/ADHD than conventional chemical dependency treatment strategies.

For more information, please contact Ron Hume at Learning Disabilities Association (425) 882-0820; or Carol Hoeft at Eastside Recovery Center (425) 747-7892. 

Pursuit of Excellence Retreat


By Jim Friedman, Region 5 Regional Administrator

Kitsap chemical dependency service providers along with line-work staff from local DSHS offices took two days, September 13 and 14; to reflect and refocus at the third annual Kitsap retreat entitled "Pursuit of Excellence." In the shadow of the September 11 terrorist tragedy, a group of 45 participants meet at a rustic and relaxing setting, just outside Silverdale called Crista Camp. A variety of presenters gave us a fresh look at committing ourselves to the helping field.

Dick Anderson from Edge Learning Institute gave a keynote in making change before change will make you. Dick suggested that truth, as we know it, is a personal point of reference. Thus we need to listen to each other's "truths". Later, two panel presentations, one on Methamphetamine and another on Cultural Competencies, targeted two diver-

gent but currently significant issues in the chemical dependency field.

The second day was headlined by two outstanding speakers: Brett Gold, a former police officer who has become a clinician for adolescent substance abuse and Ford Kisler, a domestic violence clinician who works with both victims and perpetrators. These presenters modeled the principle that helping professionals need to retool and come from the heart in everything we do.

During the noon hour on Friday our group joined with another on site group and Crista camp staff to honor our fallen fellow citizens through silence, prayer, and reflection. This retreat's time and place gave us all an opportunity to regroup and rededicate ourselves with a new quiet dedication in the pursuit of excellence. 

Helping professionals need to retool and come from the heart in everything we do.

Healing Without Abusing: Coping With Tragedy

The tragic events of September 11th have affected us all. Many throughout the state and nation have stepped forward to help the families of victims in a variety of ways. DASA employees also felt the need to help. By organizing and donating to a silent-auction and waffle breakfast fundraiser, DASA raised \$2,000 for the American Red Cross East Coast Disaster Relief Fund.


Another way DASA chose to help was by issuing a news release with information from the Alcohol/Drug Helpline about healthy ways to cope. In difficult and stressful times, people sometimes abuse alcohol and drugs in an effort to numb the pain. Tragic events can also cause people in recovery to suffer a relapse. It is important for people to get the help they need as they cope with the tragedy.

Staff at the 24-Hour Alcohol/Drug Helpline received an increased number of calls after the

tragedy from people who felt depressed and hopeless. There were increased requests for support group meetings of all types.

People felt very lonely and isolated and did not know what to do for the victim's and for themselves. There was also an increase in domestic violence calls several days after the attacks.

"We have been recommending that callers go to meetings, connect with their churches, families, and communities and to turn the tv off occasionally as it was way too depressing, and too many images to handle well", said Ann Forbes, director of the Alcohol/Drug Helpline. "This violence seemed to trigger a lot of emotion from sadness to anger, and past hurts and pain came forward."

In the news release, Ann advised people to use supports, not isolate themselves, connect with others, talk about their feelings, and if they feel depressed or overwhelmed with emotion and feel like they may drink or use drugs again, contact the Alcohol/Drug Helpline for support at 1-800-562-1240. 

TODAY THERE ARE PARENTS IN YOUR WORKPLACE WHO CANNOT FOCUS ON THEIR JOBS. THEY ARE CONSUMED WITH WORRY OVER A CHILD WITH A POTENTIAL SUBSTANCE ABUSE PROBLEM.



1. Statistics are based on focus group testing with human resource professionals. The testing was conducted at the SHRM Leadership Conference.
2. The University of Michigan Institute for Social Research, "Monitoring the Future," NIDA, 2000.
3. Partnership for a Drug-Free America, PDTS, 2000.

When surveyed, 99 percent of human resource professionals say they believe that employees who have children with substance abuse problems are more likely to suffer from decreased morale and productivity, and they use an increasing amount of health-care dollars.¹

All employers, regardless of the size of their businesses, can and should offer drug prevention materials to parents in the workplace. Distribution of these free wellness resources can reduce absenteeism and healthcare costs while increasing productivity.

According to the Society for Human Resource Management 2001 Benefits Survey, 52 percent of human resource professionals reported that their organizations currently offer wellness programs, resources, and information.



NATIONAL YOUTH ANTI-DRUG MEDIA CAMPAIGN
OFFICE OF NATIONAL DRUG CONTROL POLICY



100 PERCENT

of employers can make a difference in their businesses and in the lives of their employees by providing information on parenting strategies for youth drug prevention to parents in the workplace. HERE'S HOW:



DURING YOUR LAST TWO PAY PERIODS (30 DAYS):

- 9 percent of eighth-graders have smoked marijuana at least once.
- 14 percent of eighth-graders have used some form of illegal drugs at least once.²

DURING THE PAST YEAR:

- 47 percent of parents say they have talked to their kids about important issues like drugs; however, only ...
- 20 percent of teens say they've actually talked with their parents about important issues like drugs.³

- **DOWNLOAD** a drug prevention article for your online or off-line publication
- **ORDER** free anti-drug posters for your lunchroom or break room
- **SUBSCRIBE** to and share e-mail parenting tips with your employees

- **DISTRIBUTE** free parenting brochures to all employees
- **INVITE** drug experts from your local anti-drug coalition to your workplace
- **ACCESS** these tools and other free resources at:

www.TheAntiDrug.com/Workplace

www.TheAntiDrug.com/Workplace



DOWNLOAD ARTICLES AND INFORMATION:
WWW.TheAntiDrug.com/Workplace
ORDER PARENTING BROCHURES AND POSTERS FOR THE WORKPLACE:
1 (800) 788.2800
SUBSCRIBE TO PARENTING TIPS:
WWW.TheAntiDrug.com

A new workplace outreach brochure and resources for employers are available through the Office of National Drug Control Policy as part of the National Anti-Drug Media Campaign. The prevention and parenting information for workplaces can be viewed and downloaded from www.theantidrug.com/workplace. Employers can communicate this information to their employees through workplace email, online newsletters and websites, and through printed brochures and posters. These resources are available in multiple languages.

Asian Pacific Islander (API) Treatment Providers Group

By Winnie Ng, Program Analyst, King County Mental Health, Chemical Abuse Dependency Services Division

In March 2001, DASA held a meeting to bring together API treatment providers in DSHS Region 4. The meeting was held at the request of treatment providers, who wanted a forum for networking, collaboration, advocacy, and seeking additional funding for services. While DASA and King County staff members participate in the meetings, providers have been encouraged to take ownership of the group and set the agenda for future meetings. It is also noteworthy that the efforts of the group will not be directed toward youth or adult treatment services specifically, but to better address and meet the needs of the API population overall.


This group meets monthly and has developed the following mission statement. "The Asian Pacific Islander Chemical Dependency Treatment Provider Group will advocate and promote the best quality services to Asian Pacific Islander communities through: involvement in policy development; mutually supportive problem solving; enhancing cultural competency and culturally appropriate services". Meetings are on the third Friday of each month and anyone who is interested is welcome to attend and participate. For more information about this group please contact Miae Christofferson in the DASA Certification Section at (360) 407-7572. 

Needs Assessment Grant Award to DASA

The Department of Social and Health Services (DSHS), Division of Alcohol and Substance Abuse (DASA) received a grant award from the federal Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment to conduct a statewide household survey to determine the need for substance abuse treatment among adults in Washington State. The award is for \$881,052 over a three-year period, beginning October 1, 2001. The survey will be carried out by researchers in the DSHS Division of Research and Data Analysis (DRDA) in collaboration with DASA.

6,000 Washington State adults will be surveyed by telephone. This sample will include subgroups defined by poverty (above and below 200% of federal poverty level), race/ethnicity (African Americans, American Indians, Asians, Hispanics of any race, and non-Hispanic whites), and age (18-29, 30-54, 55+), making it possible to assess need for treat-

ment for persons falling within any of these subgroups. The survey will be translated into six languages. It will be benchmarked to the state-level estimates provided by the National Household Survey on Drug Abuse (NHSDA) so that, in the future, DASA will have the ability to periodically update state estimates in accordance with shifts in alcohol or other drug dependence measures observed in the Washington State portion of the NHSDA. This is an economical method for assuring ongoing valid and reliable needs assessment information that can be used with confidence both within Washington State and outside, such as with the federal SAPT Block Grant or with federal agencies.

For more information about this project, contact Sharon Estee, Ph.D., Research Supervisor, DRDA, at (360) 902-7655 or esteessl@dsht.wa.gov or Toni Krupski, Ph.D., Research Administrator, DASA, at (360) 438-8206 or krupstk@dsht.wa.gov. 

Awards Presented at Youth Counselor Camp


The following individuals were presented awards at the 2001 Adolescent Chemical Dependency Treatment Providers Conference:

Robert Leonard
Special Recognition Thelma Award
David Jefferson
SeaMar Visions – Richard Rivera Award
Dawn Williams
Denny Youth Center Probation – Thelma Award
Marlene Clark
PeaceHealth/Recovery Northwest – Thelma Award
Toni Lee
Horizon Treatment Services – Thelma Award

Stephen Bogan, DASA's Youth Treatment Specialist, was presented with a Walking Stick at the Youth Counselor Camp as a token of his leadership, compassion, passion and solid hard work for the youth of Washington. He was recognized as a path finder and someone who truly serves the youth well.

The "Thelma B. Robinson Passionate Youth

Professional Award" is named for a much-loved staff member who while at DASA contributed to many prevention and treatment projects that supported at-risk youth populations. Thelma was a passionate advocate for those who had the most difficulty in receiving services. Thelma died in March of 1997. Her energy, love, and sense of humor is missed by all who ever met her.

The Richard Rivera Male Passionate Youth Professional Award is named for a Program Manager of the Sea Mar Youth Residential Treatment Center from 1996-1998. Richard was instrumental in getting the youth program up and running. As an original staff member of Habilitate, Richard contributed to the design of a therapeutic community program with a capacity of 100+ clients, which became a worldwide leader. He also helped create policies, procedures and training programs for treating cultural and ethnic minorities. Richard was extremely dedicated to improving the lives of at-risk children in the community. Richard passed away in January 1999. 

DASA Loses A Friend and Colleague

Gary Reynolds died October 6, 2001, at his Olympia home surrounded by his family after battling a very aggressive form of brain cancer for two years. He was 58. In October 1999, Gary's doctors predicted the cancer would take his life within three months. Gary considered this prediction a challenge to his faith in himself and his God, and he succeeded in fighting the disease, long enough to see the new millennium, to visit Hawaii with his wife Jean, to see a racing skull from his son's Washington State University Crew Club be christened in his name, to celebrate his daughters' 16th birthdays, and to be here for the Mariners 116th win.

Gary Lee Reynolds was born August 31, 1943 in Seattle. He graduated from Quincy High School in Quincy, Wash, Class of '61, and from Central Washington University, Class of '71.

Between 1972 and 1979, Gary worked as an alcoholism coordinator and counselor for the Department of Corrections. He established the first chemical dependency treatment program in a Washington State prison.

In 1972, Gary was elected to the first alcoholism counselor certification board with other pioneers of the field such as John Soltman, Pierre Brown, Lois Parker, Bud Atkins, Joyce McHenry, and the Honorable Charles Smith.

In 1979, Gary became a certified alcoholism counselor. That same year he was nominated Counselor of the Year by the Alcoholism Professional Staff Society, and joined the (then) Bureau of Alcohol and Substance Abuse, as a certification specialist for the Office of Alcoholism. Gary worked in several capacities at DASA, including Training Director, Region 6 Administrator, Region 1 Administrator, Field Operations Supervisor, Special Projects Coordinator for the director, and most recently as Policy Lead worker in the Certification Section.

Throughout his career, Gary kept his finger on the pulse of



activities that impacted counselors. He was very active in working with legislators and their staff in drafting the legislation we all serve under. Most notably, he drafted the 1989 recodification law RCW 70.96A, which combined the alcoholism and drug abuse treatment laws under one chemical dependency law.

In every capacity that Gary served, he distinguished himself by his thorough and completed staff work and his dedication to the entire chemical dependency field and the patients it serves. He was respected, trusted, and valued by all representatives of our field, whether state, county, or tribal governments, counselors, administrators, or patients.

Gary dedicated most of his adult life to increasing the professionalism of the chemical dependency field and promoting the recognition of chemical dependency counselors as a health profession, a vision that he helped achieve during his lifetime.

Gary will be deeply missed by his many friends at DASA and throughout the chemical dependency field.

Gary's family requests that memorial donations be made to Central Washington University Foundation, Gary L. Reynolds Spirit Endowments, 400 East 8th Avenue, Ellensburg, Wash-

ington, 98926. To make contributions to the Gary L. Reynolds Spirit Endowment Funds, you may call the Central Washington University Foundation at 1-800-752-4378, or send a check to: Central Washington University Foundation, 400 E. 8th Avenue, Ellensburg, Washington, 98926-7508 (specify in the memo portion of the check that it is for the Gary L. Reynolds Spirit Endowment Funds).

The endowment funds are to honor Gary for his never-ending love of the chemical dependency field. It will allow his spirit to continue to touch, and nurture, and live in the hearts of chemical dependency professionals forever.

*As long as we can love each other,
and remember the feeling of love we had,
we can die without ever really going away.*

All the love you created is still there.

All the memories are still there.

*You live on – in the hearts of everyone
you have touched and nurtured while you
were here.*

– From the book Tuesday's With Morrie

Confidentiality Training

By Dixie Grunenfelder

The Division of Alcohol and Substance Abuse (DASA), in conjunction with the Center for Substance Abuse Treatment and the Legal Action Center, sponsored four, one-day trainings across the state in August 2001, on "Confidentiality of Alcohol and Other Drug Records: Issues,

Options & Solutions".

The trainings focused on confidentiality of alcohol and drug records according to 42 CFR Part 2. Specific topics included: Who is covered by 42 CFR Part 2; what is the safest way to share client information with others; how to respond to a court order or subpoena; and, how to draft a proper release and quality service organization agreement.

The trainings were attended by over 235 individuals. If you were unable to attend and are interested in basic confidentiality information, DASA has purchased five video/workbook training packages from the Legal Action Center and is making them available to check out. If you are interested in reviewing these materials, please contact Dixie Grunenfelder at (360) 438-8219.

According to reports from the federal Center for Substance Abuse Treatment (CSAT), abuse of the semi synthetic opioid analgesic, OxyContin, is increasing dramatically. OxyContin is a prescription pain medicine used in the treatment of pain related to cancer and other debilitating conditions.

OxyContin is a timed-release drug designed to be taken orally.

Identifying the Problem

While most people who take OxyContin as prescribed do not become addicted, those who abuse their pain medication or obtain it illegally may find themselves becoming rapidly dependent on, if not addicted to the drug. OxyContin abusers often crush the tablet and ingest or snort or dilute it in water and inject it. Crushing or diluting the tablet disarms the timed-release action and causes a quick, powerful high. Abusers have compared this feeling to the euphoria they experience when taking heroin, making OxyContin attractive to the same abuser population.

The medication's active ingredient is oxycodone, which is also found in drugs like Percodan and Tylox. Because it is a timed-release formula, OxyContin contains between 10 and 160 milligrams of oxycodone, as compared to 5 milligrams in the other painkillers. The benefit of OxyContin to chronic pain sufferers is they generally need to take the pill only twice a day. OxyContin costs approximately \$4 per pill by prescription. That same pill has a street value of between \$20 and \$40 when sold illegally. This has led to increased illegal diversion and distribution of the product, particularly along the East coast of the United States. Unfortunately, as the cost of OxyContin increases or it becomes unavailable, people who are addicted may begin to use heroin.

Monitoring the Extent of OxyContin Use

Indicators used to produce the national Drug Abuse Warning Network (DAWN) study show that the abuse of oxycodone has increased greatly over the past three years. In the 146 participating medical emergency rooms, during the last six months of 2000 there were 1,892 more oxycodone emergency department mentions than in the first six months of the year. In 1999, medical examiners participating in the DAWN study reported 262 mentions of oxycodone-related deaths, up from 49 mentions in 1996. Though there are only anecdotal reports

Prescription Drug Abuse: OxyContin

*By Ellen Silverman and Pennie Sherman,
Office of Planning, Policy, & Legislative Relations*

of OxyContin use in Washington state, the Drug Abuse Warning Network (DAWN) has shown a significant increase in the rate and number of emergency department mentions in Seattle since 1998. In the first half of 1998 there were 34 emergency department mentions representing a rate of 1.9 per

100,000. In the first half of 2000, there were 73 mentions representing a rate of 3.7 per 100,000.

The Division of Alcohol and Substance Abuse has noticed an increase in publicly funded chemical dependency treatment admissions for opiates over the past three years from 319 in State Fiscal Year 1999 to 502 in State Fiscal Year 2001.

Treating the Addiction

Two types of treatment have been documented as effective for opioid addiction. One is long-term, drug-free residential treatment and the other is long-term, medication-assisted outpatient treatment. Some opioid-addicted patients with very good social supports may benefit from antagonist maintenance with naltrexone. The treatment works best if the patient is highly motivated to participate in treatment and has been adequately detoxed from the opioid of abuse. As with other opioid addicted patients, the OxyContin addicted patient in outpatient therapy will do best with medication that is either an agonist or partial agonist. Methadone and levo alpha acetyl-methadol (LAAM) are the two agonists currently approved for addiction treatment in this country. Because OxyContin contains higher doses of opioids than are found in other pain medications containing oxycodone, higher dosages of methadone may be needed to appropriately treat patients who abuse OxyContin.

Monitoring the Use of OxyContin

The Department of Social and Health Services' Medical Assistance Administration is tracking the use of OxyContin, as well as other brand name drugs, among those clients receiving Medicaid drug benefits. This process is called the Therapeutic Con-

sultation Service (TCS) and will help to better manage drug treatments, safeguard client safety, identify clients who are going to multiple providers for the same prescrip-

For additional information on OxyContin, go to these websites:

www.health.org/promos/cbs-oxy.htm
www.health.org/govpubs/ms726/ms726.pdf
www.fda.gov/cder/drug/infopage/oxycontin/
www.whitehousedrugpolicy.gov/drugfact/oxycontin/index.html

tion, and ultimately help control the rising costs of health care in Washington State. For more information on TCS, contact Jim Stevenson at (360) 902-7604 or go to <http://www.wa.gov/dshs/mediareleases/word/01245afacts.doc>.

DRUG FREE COMMUNITIES SUPPORT PROGRAM

Washington Coalitions #2 in the Nation for Winning Grants

By Bob McArdle,

Center for Substance Abuse Preventions' Western Center for the Application of Prevention Technologies

Prevention Coalitions in the State of Washington are winning Drug Free Communities (DFC) grants at levels second only to California. Congratulations to those coalitions in Washington that have been awarded the grant.

The White House Office of National Drug Control Policy (ONDCP) in partnership with the Office of Juvenile Justice and Delinquency Prevention (OJJDP) directs the Drug-Free Communities Support Program. This anti-drug program provides grants of up to \$100,000 to community coalitions that mobilize the community to prevent youth alcohol, tobacco, illicit drug, and inhalant abuse.

The grants support coalitions of youth, parents, media, law enforcement, school officials, faith-based organizations, fraternal organizations, state, local, and tribal government agencies, healthcare professionals, and other community representatives. The Drug-Free Communities Support Program enables the coalitions to strengthen their coordination and prevention efforts, encourage citizen participation in substance abuse reduction efforts, and disseminate information about effective programs.

Successful grantees are an excellent source of information on this program for those interested in applying. More funding is available, and information can be found online at www.whitehousedrugpolicy.org. Technical assistance is available through CSAP's Western Center for the Application of Prevention Technologies at (360) 407-5296 or toll-free 888-734-7476.

The awardees for 2001 are:

<p>City Othello</p> <p>Program Adams County Community Public Health and Safety Network</p> <p>Amount \$100,000</p> <p>Program Contact Barbara Anderson</p> <p>Phone (509) 488-7180</p>	<p>City Kelso</p> <p>Program Cowlitz-Wahkiakum Council of Governments</p> <p>Amount \$99,634</p> <p>Program Contact Ramona Leber</p> <p>Phone (360) 577-3041</p>	<p>City Ellensburg</p> <p>Program Kittitas County</p> <p>Amount \$89,449</p> <p>Program Contact Andrea Dugan</p> <p>Phone (509) 925-9821</p>	<p>City Oak Harbor</p> <p>Program Oak Harbor School District</p> <p>Amount \$100,000</p> <p>Program Contact Jen Glyzinski</p> <p>Phone (360) 279-5308</p>	<p>City Gig Harbor</p> <p>Program The Crossroads Foundation, d/b/a Crossroads Youth!</p> <p>Amount \$100,000</p> <p>Program Contact Daniel Bissonnette</p> <p>Phone (253) 853-7954</p>
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Grantees from prior years include:

2000 Grantees

- Columbia County Community Mobilization Against Substance Abuse Task Force
- The Orcas Island Prevention Task Force
- South Whidbey Youth Advocates Coalition
- Skagit Prevention Council
- King County Community Organizing Advisory Board
- Lakewood's Promise Human Services Collaboration
- Yakima County Substance Abuse Coalition

1999 Grantees

- Clallam County Department of Health and Human Services
- Greater Spokane Substance Abuse Council Prevention Center
- Longview Police Department
- Tacoma Safe Streets Campaign
- Seattle Public Schools
- Thurston County TOGETHER!

1998 Grantees

- Chelan-Douglas Counties Together
- Port Gamble S'Klallam Tribe
- Washington State University Cooperative Extension/Adams County Community Network Coalition



Body by Crystal Meth.

For information about this
prevention ad, contact Deb
Schnellman at (360) 438-8799
or schneda@dshs.wa.gov.

Partnership for a Drug-Free Washington

Training Related Activities, Awareness Events and Meetings: November 2001 through January 2002

November

Native American Heritage Month

Tie One On For Safety Campaign,
www.madd.org

- 27 Research to Practice Conference, SeaTac
- 29 DASA All Prevention Provider Meeting,
Central Washington

December

National Drunk and Drugged Driving
Prevention Month, www.3dmonth.org

- 1 Attention Deficit Disorder (ADD) for
Addicted Counselors, Tukwila

December continued...

- 1 World AIDS Day, www.aaworldhealth.org
- 4-5 HIV Prevention Counseling, Testing and
Partner Notification, Everett
- 4-6 WTSC Annual Impaired Driver Conference,
Olympia
- 6 COD Interagency Advisory Committee,
Spokane
- 11-12 HIV Prevention Counseling, Testing and
Partner Notification, Spokane
- 13-16 Annual Meeting of the American
Academy of Addiction Psychiatry, Amelia
Island, Florida
- 14 ACHS Liaison Meeting, Lacey
- 21 TARGET Meeting

January

National Birth Defects Awareness Month

National Mentoring Month

- 17 Citizens Advisory Council on Alcoholism
and Drug Addictions, Olympia

February

- 14 Citizens Advisory Council on Alcoholism
and Drug Addictions, Seattle
- 25 Public Policy Forum: "Putting a Human
Face on Addiction and Prevention",
Olympia

For more information about trainings, call the Training Section at 1-877-301-4557

Mark Your Calendar for National Mentoring Month in January

A coalition of nonprofit organizations in Washington are teaming up with leading communication companies to promote National Mentoring Month – an annual, concentrated burst of national and local media activity combined with extensive community outreach.

National Mentoring Month provides an opportunity for local mentoring programs to encourage community-wide planning and coordinate their efforts for greater impact. This year's theme is "Who Mentored You?", which encourages adults who were helped by a mentor to give back to today's youth by becoming a mentor themselves.

Studies have shown that mentoring is a highly effective strategy for reducing violence, drug abuse, and school failure among our young people.

With mentors, young people receive the guidance and support they need to make positive choices and fulfill their potential.

In Washington State today, there are thousands of young people who want and need a mentor. Sadly, only a fraction are fortunate enough to be in formal mentoring relationships. Through National Mentoring Month, we can raise awareness of the benefits and need for mentors, and make strides in bridging the gap so every youth who wants a mentor can have one.

To find out how you can help organizations in your area who are actively promoting mentoring, contact Tom Pennella at (360) 438-8494 or pennetx@dshs.w.gov and visit the National Mentoring Website at www.mentoring.org.



Division of Alcohol & Substance Abuse
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Olympia, WA 98504-5330

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